



PTO/SB/17 (10-03)
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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="margin: 0; font-size: small;">Effective 10/01/2003, Patent fees are subject to annual revision.</p>		Complete if Known																																																																																																																																																																																																																																																																																																																													
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> <div style="display: flex; justify-content: space-between;"><div>TOTAL AMOUNT OF PAYMENT</div><div>(\$) 880.00</div></div>		Application Number	09/500,449																																																																																																																																																																																																																																																																																																																												
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<div style="display: flex; justify-content: space-between; font-size: small;"><div><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</div><div><input checked="" type="checkbox"/> Deposit Account:</div></div> <div style="margin-top: 5px;"><div style="display: flex; justify-content: space-between;"><div style="width: 30%;">Deposit Account Number</div><div style="border: 1px solid black; padding: 2px 10px;">03-1952</div></div><div style="margin-top: 5px;"><div style="display: flex; justify-content: space-between;"><div style="width: 30%;">Deposit Account Name</div><div style="border: 1px solid black; padding: 2px 10px;">Morrison & Foerster LLP</div></div></div><div style="margin-top: 5px; font-size: x-small;">The Director is authorized to: (check all that apply)</div><div style="display: flex; justify-content: space-between; font-size: x-small;"><div><input checked="" type="checkbox"/> Charge fee(s) indicated below</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div><div style="margin-top: 5px; font-size: x-small;"><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</div><div style="margin-top: 5px; font-size: x-small;"><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div></div> <tr><td colspan="4" style="text-align: center; font-weight: bold;">FEE CALCULATION</td></tr> <tr><td colspan="4">1. 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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Deborah S. Gladstein	Registration No. (Attorney/Agent)	43,636
Signature		Telephone	(703) 760-7753
		Date	April 15, 2004